

DOCUMENT # N41284

1. Entity Name

LEARN TO READ, INC.

FILED

00 FEB 24 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1300 RIVERPLACE BLVD 320-9 JACKSONVILLE FL 32207 US		Mailing Address 1300 RIVERPLACE BLVD #320-9 JACKSONVILLE FL 32207-1815 US		4. FEI Number 23-7153919		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent RUSO, SHEILA 939 ARBOR LANE JACKSONVILLE FL 32207				7. Name and Address of New Registered Agent Name Randall Herndon Street Address (P.O. Box Number is Not Acceptable) 1475 Belvedere Ave. City Jacksonville FL Zip Code 32205			
---	--	--	--	---	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Randall Herndon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PPD	<input checked="" type="checkbox"/> Delete	TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DAVID		NAME	Russo, Sheila (D)	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE #1500		STREET ADDRESS	939 Arbor Lane	
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO, SHEILA		NAME	Randall Herndon (D)	
STREET ADDRESS	939 ARBOR LANE		STREET ADDRESS	1475 Belvedere Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, RANDY		NAME	Sam Inman (D)	
STREET ADDRESS	PO BOX 550507		STREET ADDRESS	P.O. Box 2600	
CITY-ST-ZIP	JACKSONVILLE FL 32255		CITY-ST-ZIP	Jacksonville, FL 32232	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTERFIELD, CATHY		NAME	Sandi Edwards (D)	
STREET ADDRESS	2972 OLD ORCHARD RD		STREET ADDRESS	13410 Sutton Park Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INMAN, SAM		NAME	Darrin Finley (D)	
STREET ADDRESS	PO BOX 2600		STREET ADDRESS	P.O. Box 929	
CITY-ST-ZIP	JACKSONVILLE FL 32232		CITY-ST-ZIP	Jacksonville, FL 32231	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAPY, JEANIE		NAME	Cathy Winterfield (D)	
STREET ADDRESS	4815 EXECUTIVE PARK CT		STREET ADDRESS	2972 Old Orchard Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	Jacksonville, FL 32257	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Randall Herndon* SIGNATURE REQUIRED *Randall Herndon* Date *1/6/00* Daytime Phone # *904-296-9332*

CR2E037 (9/99)